The Role of the Medical Home and Interprofessional Collaboration

Calvin C.J. Sia, MD,* Sharon C. Taba,** Alix Howard-Jones M Ed***

The medical home plays a critical role on the interprofessional team to improve school readiness of children before they enter primary school. School readiness and optimal health require a combination of medical care with health and social services both to prevent and to improve the effects of negative conditions. Hawaii Medical Association has two new projects aimed toward that end.

"The whole is greater than the sum of its parts."
—Unknown

Imagine a health center where families coming for a health care visit are welcomed by an early childhood educator, nurse practitioner, and social worker. As the families come in for their half-hour appointments, they can expect staff to offer them a snack or a brief discussion on a typical prenatal or infant care concern. The child and parent are accompanied to the examination room by the nurse practitioner and medical resident where they can talk about the parents' concerns, priorities, and resources. Gradually, a feeling of trust is established between the family and the interprofessional team.

Through this interprofessional collaborative, families learn to become responsible partners in their child's health care. This collaborative center, known as the Healthy and Ready to Learn Center (HRTL) in Ewa, seeks to support the community physician in providing a medical home through interprofessional collaboration.

* Practicing pediatrician in Honolulu, past HMA President, and AAP Hawaii Chapter President. Currently, Dr Sia is principal investigator of the Healthy and Ready to Learn Center, Health and Education Collaboration Project, and Healthy Start Evaluation.

** Project manager of the Health and Education Collaboration Project.

*** Training coordinator of the Health and Education Collaboration Project.

Requests for reprints:
Sharon Taba
Health and Education Collaboration Project
Hawaii Medical Association
1360 South Beretania Street, Second Floor
Honolulu, Hawaii 96814

This Health and Education Collaboration Project activity is supported by SPRANS grant #MCJ-155094-01-1 from the Maternal and Child Health Bureau (MCHB) from the U.S. Department of Health and Human Services.

According to the American Academy of Pediatrics (AAP), the role of the primary care pediatrician is to assure a medical home for every child. A medical home involves providing pediatric primary health care that is comprehensive, continuous, family-centered and coordinated.[1] Primary health care as defined by the AAP is accessible, affordable, first contact, continuous, comprehensive, and coordinated to meet the health needs of the family and individual.[2] Because of the dramatic social and economic changes in today's families and communities, providing a medical home is a formidable challenge facing the physician. Moreover, in the wake of health and school reform, medical homes are being asked to increase their involvement with children at risk of school failure. School readiness and optimal health require a combination of medical care with health and social services both to prevent problems and to improve the effects of negative conditions.[3] One way of prevention that is gaining public attention is interprofessional collaboration, whereby professionals and organizations agree to work together to improve health, education, and social services for these children and families.

Unlike primary care clinics, HRTL complements the medical home-community physician with services such as referral, consultation, and training. This collaboration between public and private providers of personal health services is a way of ensuring comprehensive health care. HRTL staff provide physicians with patient information as well as professional-specific information for patient management. Professional-specific information can include developmental expertise from the early childhood educator and domestic violence information from the social worker. Another collaborative service of HRTL is to routinely fax timely information on patients' visits to doctors' offices–the medical home. Facsimile machines are offered by HRTL to physicians interested in using HRTL services to gain physician buy-in to the program. Gaining physicians' participation, establishing trust and respect, and listening to family concerns using jargon-free language are interprofessional collaborative elements supporting the medical home.

Why should physicians be interested in the medical home and interprofessional collaboration?

"Every child deserves a medical home."[4] With this vision the Hawaii Medical Association, the Hawaii Chapter American Academy of Pediatrics, the Department of Health, and the University of Hawaii, Department of Pediatrics adopted their 1979 Child Health Plan. The Plan called for an integrated system of care for infants and young children. Following this plan, a series of programs and landmark legislation were initiated

building on this integrated system of care for prevention and early intervention for young children and their families in this state. It began with the Hawaii Healthy Start Project for child abuse prevention and positive child development and the Medical Home Project which targeted physician involvement and education in the "new morbidity."[5-6] In 1989, early intervention services for infants and toddlers were placed in the Department of Health Zero-to-Three Hawaii Project and Hawaii's State Law, Act 107-89, was added to broaden the integrated system of care for children.[7] In 1989, President Clinton, then the chair of the National Governors' Association, developed the National Educational Goals, which stated "All children will be healthy and ready to learn when they enter school by the year 2000."[8] David Hamburg MD of the Carnegie Foundation of New York and Ernest Boyer, distinguished educator and author of *Ready to Learn*, emphasized that the health and education of young children are inseparable.[9] Hamburg and Boyer recognized that health and education workers must join forces to prevent poor health and school failure particularly for young children at risk.

Increasingly, pediatricians are expected to function as medical specialists on diagnostic and evaluation teams or school individual educational plan meetings for children with special health needs. The team expects the pediatrician to provide not only medical expertise but also developmental and behavioral knowledge. In keeping with the current trend to collaborate on health and education initiatives, pediatricians need the support of the community to provide health and education services to families at risk. The community can support the physician by educating at-risk families to become competent health care partners. On this basis HMA developed its two newest initiatives: The already mentioned Healthy and Ready to Learn Center and the Health and Education Collaboration Project as service delivery and training projects.

Interprofessional Collaboration in Service Delivery

"It takes a whole village to raise a child."
—African Proverb

The HRTL program concentrates on the problems that families face in the service delivery system. Melaville and Blank point out significant barriers preventing a coordinated system.[10] These are poor access to health care, a lack of shared information and coordinated services between providers, and a lack of interprofessional training opportunities for physicians, social workers, and educators. Chaotic circumstances inherent in crisis management can prevent families from getting the appropriate services they need when they need them. The current service delivery system lacks the ability to go beyond specialized fields to meet the multiple and pervasive problems facing families today.

HRTL seeks to demonstrate a family-centered, interprofessional collaboration approach to at-risk pregnant women, mothers, and children from birth to five years in Leeward Oahu. Through interprofessional collaboration, the program is exploring ways to deliver integrated health care and education services by an interprofessional team. The interprofessional team consisting of nurse practitioner, early childhood educator, and social worker, will work jointly to provide an array of services. These include prenatal and postpartum care, family planning, routine well-child care, child development information, parent-child activities, supportive counseling and referral services.

What role do physicians play on the interprofessional team?

The physician takes on different roles—consultant, medical professional, facilitator, or educator. Interprofessional collaboration focuses on the interrelationships among the pediatrician, nurse practitioner, social worker, and early childhood educator. In the community, the pediatrician provides the medical home for families while relying on HRTL staff to expand their support via classes in child safety, parenting, prenatal care, and family planning. Through these classes, families learn responsible, preventive health care and ultimately, to select a community physician as their medical home.

Intercollaborative work presents many challenges and benefits to the physician. Some of the challenges are overlapping skills and unclear roles of the professionals, varying philosophical and language differences, and inherent hierarchical medical models which can interfere with collaboration.

Some of the benefits are derived by shifting families from an illness orientation to a cost-effective, well-care orientation. But physicians need help in educating families to eat right, parent effectively, make and keep appointments, follow through on medication, and become responsible patients.

How professionals resolve the challenges and maximize the benefits of interprofessional collaboration depends on appropriate training.

Interprofessional Collaboration in Training

The Health and Education Collaboration project (HEC), a four-year federally funded training project will be targeting preservice professional levels, specifically the pediatric and obstetrics and gynecology residents and early childhood and social work doctoral students. Currently, HEC and Dr Louise Iwaishi, director of the pediatric residency program at UH, are developing resident training on family-centered interprofessional collaboration. In the pediatric residency program, the training is included in a two-month developmental adolescent rotation. One challenge that faces residents is assimilating family-centered collaborative concepts and applying these concepts in their clinical experience. The training focuses on residents promoting the medical home, empowering families, learning the integrated roles of the professional staff (nurse practitioner, social worker, and early childhood educator), and understanding the importance of early childhood education.

The resident training experience is composed of several parts. In supporting the medical home, the resident learns about the family in pre and post-conferencing with the HRTL team. Each member of the team provides a unique perspective specific to his or her discipline. Equipped with this information, the resident listens to the families' concerns, priorities, and resources thus practicing family-centered care. Next the resident assesses the well-care needs of the patient and provides developmental information to the parent. This includes the importance of early childhood education.

One of the innovative features of the training is the importance of early childhood education. A recent Carnegie report states that "the quality of young children's environment and social experiences has a decisive, long-lasting impact on their well-

being and ability to learn."[11] Increasingly, the research crossing all professional lines documents that a quality early childhood education can reverse the adverse effects that compromise a child's development.[12-15] The educator's role at HRTL is to encourage families to recognize a variety of early childhood education experiences better prepares the parent and the child for the experience of school.

Further pre-service training will be based on the collective expertise of HEC staff and the members of the Commission on Leadership in Interprofessional Education.[16] This Commission, formed in 1990 and headed by Dean Corrigan of Texas A & M, is composed of deans, administrators, and professors from universities interested in advocating for the development of interprofessional education. Through the Commission, the Project will create linkages between the local university and HRTL. HRTL will serve as a practicum site not only for pediatric residents, but also for ob-gyn residents and graduate students in social work and education.

HEC will field test collaborative strategies among the professionals at HRTL. Based on these experiences, HEC will disseminate information both locally and nationally on the best practices to promote family-centered interprofessional collaboration.

Conclusion

The medical home plays a critical role on the interprofessional team to improve the well-being of at-risk children (birth to five) and families to improve school success. School success and optimal development for children require not only medical care but also health and social services to both prevent and counteract negative conditions. Through such initiatives as the HRTL collaborative and the HEC project, the medical home and interprofessional collaboration can be fostered. Shifting direction from the traditional deficit models of care to comprehensive and preventive ones will increase accessibility to services for families most in need.

References

1. American Academy of Pediatrics, *The Medical Home, Pediatrics*; 1992;90 (5): 774
2. Pediatric primary health care. *AAP News.* 1993;9:7.
3. Durch S, ed. Protecting and Improving Quality of Care for Children Under Health Care Reform: Workshop Highlights. Washington, DC: National Research Council, Institute of Medicine;1994.
4. Child Health Care Plan. Honolulu, Hawaii: Hawaii Medical Association and Hawaii Chapter, American Academy of Pediatrics; 1979.
5. Sia CCJ, Breakey GF. The role of the medical home in child abuse prevention and positive child development. *Hawaii Med J.* 1985;44:242-243.
6. Sia CCJ, Peter MI. The medical home comes of age. *Hawaii Med J.* 1988;47:409-410.
7. Sia CCJ, Stewart J. The medical home and PL 99-457 in Hawaii. *Hawaii Med J.* 1989;48:529-531.
8. Building a Nation of Learners: The National Education Goals Report. Washington, DC: National Education Goals Panel;1993.
9. Boyer E. *Ready to Learn: A Mandate for the Nation.* Princeton, NJ: The Carnegie Foundation for the Advancement of Teaching;1991.
10. Melaville AI, Blank M. Together We Can: A Guide for Crafting a Profamily System of Education and Human Services. Washington, DC: US Dept of Education, Office of Educational Research and Improvement and US Dept of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation;1993.
11. Carnegie Task Force on Meeting the Needs of Young Children. Starting Points: Meeting the Needs of our Youngest Children. New York, NY: Carnegie Corporation of New York;1994.
12. Berrueta-Clement J, Barnett W, Schwienhart L, Epstein A, Weikart D. Changed lives: the effects of the Perry Preschool Project on youths through age 19. In: *Monographs of the High/Scope Educational Research Foundation, No. 8.* Ypsilanti, Mich: High Scope Press;1984.
13. Lally JR, Mangione PL, Honig AS. The Syracuse University Family Development Research Program: long range impact of early intervention with low-income children and their families. In: Powell DR, ed. Parent Education in Early Childhood Intervention: Emerging Direction in Theory, Research, and Practice. Norwood, NJ: Ablex;1988.
14. McKey RH, Condelli L, Ganson H, Barrett BJ, McConkey C, Plantz MC. The Impact of Head Start on Children, Families, and Communities: Final Report of the Head Start Evaluation, Synthesis, and Utilization Project. Washington, DC: CSR Incorporated for the Head Start Bureau Administration for Children, Youth, and Families, US Dept of Health and Human Services;1985.
15. Ramey C, Ramey S. At Risk Does not Mean Doomed. Washington, DC: National Health/Education Consortium;1992.
16. Corrigan D. Future directions of partnerships in education: schools, universities and human service systems. In: O'Hare MJ, Odell SJ, eds. *Partnerships in Education: Teacher Education Yearbook II.* Fort Worth, Tex: Harcourt Brace College Publishers;1994.